LOCAL BANKRUPTCY FORM NO. 5 IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

IN RE: Matt V. Smith, aka Matt Sassi, Laurel L. Sassi, Debtors Matt V. Smith, aka Matt Sassi, Laurel L. Sassi, Movants Vs.) Case No. 18-23249 CMB Chapter 13) Docket No.)))
No Respondents)
AMENDME	ENT COVER SHEET
Amendment(s) to the following petition, transmitted herewith:	list(s), schedule(s), or statement(s) are
reflect the fact that their income has charwas originally filed. Voluntary Petition.	<i>lment</i> . The Debtors are amending Schedule I to nged dramatically since the bankruptcy petition the bankruptcy petition (Itemization of Changes Must be Specified)
Summary of Schedules Schedule A – Real Proper Schedule B - Personal Pro Schedule C – Property Cla Schedule D – Creditors ho Check one: Creditor(s)	operty aimed as Exempt olding Secured Claims}
NO creditor Creditor(s) Schedule E – Creditors Ho Check one: Creditor(s) NO creditor Creditor(s) Creditor(s)	or(s) added deleted olding Unsecured Priority Claims added or(s) added
Check one: Creditor(s) a	c i

	NO creditor(s	a) added
	Creditor(s) de	leted
		ntracts and Unexpired Leases
	Check one:	•
	Creditor(s) add	ded
	NO creditor(s	
	Creditor(s) de	leted
	Schedule H – Codebtors	
X	Schedule I - Current Incom	e of Individual Debtor(s)
	_ Schedule J- Current Expend	ditures of Individual Debtor(s)
	Statement of Financial Affair	'S
	Chapter 7 Individual Debtor'	s Statement of Intention
	Chapter 11 List of Equity Sec	curity Holders
	Chapter 11 List of Creditors	Holding 20 Largest Unsecured Claims
	_ Disclosure of Compensation	of Attorney for Debtor
	Other:	
the trustee in	i this case and to entities affects	ed by the amendment as follows:
Date: Augu	ıst 24, 2021	/s/ Kenneth Steidl
		Kenneth Steidl, Esquire
		Attorney for the Debtors
		STEIDL & STEINBERG
		Suite 2830 – Gulf Tower
		707 Grant Street
		Pittsburgh, PA 15219
		(412) 391-8000
		PA I.D. No. 34965
		1711.1.10. 54705

Fill in this information	on to identify your case:	
Debtor 1	Matt V. Smith	_
Debtor 2 (Spouse, if filing)	Laurel L. Sassi	_
United States Bank	cruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA	_
Case number (If known)	18-23249	Check if this is: An amended filing A supplement showing postpetition chapter
Official For	m 106l	13 income as of the following date:

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed	☐ Employed
			☐ Not employed	■ Not employed
	employers.	Occupation	Retired	
	Include part-time, seasonal, or self-employed work.	Employer's name		
	Occupation may include student or homemaker, if it applies.	Employer's address		
		How long employed ti	nere?	
Da	t 2. Cive Details About Mor	this income		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106l Schedule I: Your Income page 1

	otor 1 otor 2	Matt V. Smith Laurel L. Sassi	-		Case	number (if k	nown)	18	-23249		
	Cor	y line 4 here	4.		For	Debtor 1	0.00		or Debtor on-filing s		
_	-				· —		0.00				
5.		all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_		0.00	. \$		0.00	
	5b.	Mandatory contributions for retirement plans	5b		\$_		0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	50		\$_		0.00	. \$		0.00	
	5d.	Required repayments of retirement fund loans	50		\$_		0.00	. \$		0.00	
	5e.	Insurance	5e		\$_ \$		0.00	\$ \$		0.00	
	5f.	Domestic support obligations	5f		\$ _		0.00	• \$		0.00	
	5g.	Union dues Other deductions Specific	5g	_	· · · ·		0.00	. *		0.00	
_	5h.	Other deductions. Specify:	_	า.+	»—			+ \$		0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _		0.00	. \$		0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	(0.00	. \$		0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	a	\$		0.00	\$		0.00	
	8b.	Interest and dividends	8b		\$-		0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$		0.00			0.00	
	8d.	Unemployment compensation	80	d.	\$_		0.00	\$		0.00	
	8e.	Social Security	86	€.	\$		0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f		\$_		0.00	\$		0.00	
	8g.	Pension or retirement income	80		\$_		2.00	\$		0.00	
	8h.	Other monthly income. Specify:	_ 8h	า.+	\$_	(0.00	+ \$		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	63:	2.00	\$		0.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		632.00	_ s		0.00	= \$	632.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť -		002.00			0.00	-	002.00
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your ser friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe			•			n Schedul	e <i>J</i> . +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies								\$	632.00
13.	Do :	you expect an increase or decrease within the year after you file this form	?							Combine monthly	
		No.									
		Yes. Explain:									